

PRIVACY IMPACT ASSESSMENT (PIA)

For the

 Special Immunization Research System (SIRS)	
US Army Medical Command	

SECTION 1: IS A PIA REQUIRED?

a. Will this Department of Defense (DoD) information system or electronic collection of
information (referred to as an "electronic collection" for the purpose of this form) collect,
maintain, use, and/or disseminate PII about members of the public, Federal personnel,
contractors or foreign nationals employed at U.S. military facilities internationally? Choose
one option from the choices below. (Choose (3) for foreign nationals).

	(1)	Yes, from members of the general public.
	(2)	Yes, from Federal personnel* and/or Federal contractors.
\boxtimes	(3)	Yes, from both members of the general public and Federal personnel and/or Federal contractors.
	(4)	No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

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^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

a.	Why	hy is this PIA being created or updated? Choose one:						
		New DoD Information System			New Electron	New Electronic Collection		
			rmation System		Existing Elec	Existing Electronic Collection		
	Significantly Modified DoD Information System							
		s DoD information Network (SIPRNE		d in t	he DITPR or the	DoD Secret Internet Protocol		
		Yes, DITPR	Enter DITPR Systen	ı Iden	itification Number			
		Yes, SIPRNET	Enter SIPRNET Ider	itificat	tion Number			
	\boxtimes	No						
c. Does this DoD information system have an IT investment Unique Project Identifier (UPI), resby section 53 of Office of Management and Budget (OMB) Circular A-11? ☐ Yes ☑ No								
	If "Ye	es," enter UPI						
		If unsure,	consult the Componer	t IT B	udget Point of Cont	act to obtain the UPI.		
		this DoD informa Notice (SORN)?		ctror	nic collection red	quire a Privacy Act System of		
	or law	acy Act SORN is requi ful permanent U.S. res ation should be consis	idents that is <u>retrieved</u> b	item o y nam	r electronic collectior e or other unique ide	n contains information about U.S. citizens entifier. PIA and Privacy Act SORN		
	\boxtimes	Yes		No				
	If "Ye	es," enter Privacy <i>F</i>	Act SORN Identifier		A0070-45 DASG			
		Consult the Compo	ssigned designator, no onent Privacy Office for by Act SORNs at: http	addit	ional information or			
		or				10101		
	Date		approval to Defense omponent Privacy Office					

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Contact the Component Information Management Control Officer or DoD Clearance Officer for this information. This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format. П Yes **Enter OMB Control Number Enter Expiration Date** \boxtimes No f. Authority to collect information. A Federal law, Executive Order of the President (EO), or DoD requirement must authorize the collection and maintenance of a system of records. (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be the same. (2) Cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply.) (a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII. (b) If a specific statute or EO does not exist, determine if an indirect statutory authority can be cited. An indirect authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records. (c) DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component should be identified. 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C., Chapter 55, Medical and Dental Care; Army Regulation 70-25, Use of Volunteers as Subjects of Research; Army Regulation 70-45, Scientific and Technical Information Program; Occupational Safety and Health Administration Act of 1970; and E.O. 9397 (SSN).

e. Does this DoD information system or electronic collection have an OMB Control Number?

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- g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.
 - (1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system.

The purpose of this system is to manage the data resulting from clinical research activities that support the unique bio-defense research mission of United States Army Medical Research Institute of Infectious Diseases (USAMRIID). The vision is to serve as the single source of clinical immunogenicity data related to all Phase 1 and Phase 2 clinical trials ongoing in USAMRIID's Special Immunization Program (SIP) and USAMMDA's Clinical Research Unit. This includes a data entry Graphical User Interface, management of the data, monitoring of data, Quality Control and data exported to Biostatisticians. The Special Immunization Research System (SIRS) also facilitates USAMRIID activities to comply with all Federal and Department of the Army regulations related to clinical research as well as with Good Clinical Practices guidelines. System contains demographic information that could be used to uniquely identify an individual, including: Name, Alternate Name, Social Security Number (SSN), Truncated SSN, Study ID Number, Gender, Race/Ethnicity, Birth Date, Personal Cell Telephone Number, Home Telephone Number, Personal Email Address, Mailing Address, Medical Information, Employment Information and Emergency Contact.

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

ne privacy risks associated with the system are unauthorized access and unauthorized disclosure. Other risks clude data accuracy. Security safeguards have been established to minimize these risks, such as isolation of the stem from the public internet, Common Access Card/Public Key Infrastructure authentication, and restricted count privileges to personal information. Accuracy of data is ensured by data integrity scripts and data validation necks.

h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.

\boxtimes	Within the DoD Component.					
	Specify. US Army Medical Research Institute of Infectious Diseases (USAMRIID US Army Medical Material Development Activity (USAMMDA) Army Medical Treatment Facility personnel					
	Other DoD Components.					
	Specify.					
\boxtimes	Other Federal Agencies.					
	Specify.	Department of Health and Human Services, if requested.				
	State and Local Agencies.					
	Specify.					
\boxtimes	Contractor	(Enter name and describe the language in the contract that safeguards PII.)				
	Specify.	USAMRIID and USAMMDA utilize contract personnel to support clinical studies.				

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			Each of these contracts include non-disclosure agreements to safeguard institute information and personally identifiable information of the research participants.
	\boxtimes	Other (e.g.,	commercial providers, colleges).
		Specify.	Non-DoD agencies (Universities) with a contract agreement with USAMRIID for special immunization services may send their employees to USAMRIID to participate in the investigational vaccination program.
i.	Do	individuals	have the opportunity to object to the collection of their PII?
	\boxtimes	Yes	□ No
		(1) If "Yes,"	describe method by which individuals can object to the collection of PII.
	Indi	viduals read a	nent phase of the protocol, individuals have an opportunity to object to the collection of PII. and sign the Privacy Act Statement - Health Care Records, DD Form 2005. A copy of this stained in the individual's medical record. If PII is not provided, care will not be denied.
		(2) If "No," s	tate the reason why individuals cannot object.
j.	Do ir	ndividuals h	ave the opportunity to consent to the specific uses of their PII?
	\boxtimes	Yes	□ No
	((1) If "Yes,"	describe the method by which individuals can give or withhold their consent.
	uses A co	s of their PII. In opy of this doc	nent phase of the protocol, individuals have an opportunity to give consent to the specific ndividuals read and sign the Privacy Act Statement - Health Care Records, DD Form 2005. ument is maintained in the individual's medical record. Also, a copy of the USAMRIID's Practices is provided to individuals.

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Γ_							
	(O) If !	"No " atota the reason why	, individuals car	anot give or withhold	thair consent		
(2) If "No," state the reason why individuals cannot give or withhold their consent.							
:							
k. Wha	at infor	mation is provided to ar	individual wh	en asked to provide	e PII data? Indicate all that		
apply.		·					
\boxtimes	Priva	cy Act Statement		Privacy Advisory			
\boxtimes	Othe	r		None			
De: eac	scribe ch				h Care Records, DD Form 2005. IG SOCIAL SECURITY NUMBER		
app	olicable mat.	(SSN)			s Code and Executive Order 9397.		
		2. PRINCIPAL PURPOSES					
		This form provides you the	advice required b	y The Privacy Act of 19	974. The personal information will		
		required to identify and retri			er (SSN) of member or sponsor is		
		3. ROUTINE USES			la la cella como Annadon An		
			ct, other possible	uses are to: Aid in prev	ventive health and communicable		
		agencies; compile statistica	l data; conduct re	esearch; teach; determi			
					other lawful purposes, including valuate care rendered; determine		
					I qualifications of patients to pursuit of their official duties.		
			•		ND EFFECT ON INDIVIDUAL OF		
		NOT PROVIDING INFORM	ATION		atory because of the need to		
		document all active duty me	dical incidents in	view of future rights ar	nd benefits. In the case of all other ne requested information is not		
		furnished, comprehensive h	ealth care may n	ot be possible, but CAF			
		health care treatment perso	nnel or for medic				
		permanent part of your heal					
		Your signature merely acknown copy of this form will be furn		u nave been advised of	f the foregoing. If requested, a		
		Individuals are also provided	d a copy of the N	otice of Privacy Practic	es		

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NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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